SUBSCRIPTION RENEWAL FORM 2016-2017

PLEASE RETURN THIS FORM TO: F. Scott Fitzgerald Theatre • 603 Edmonston Drive • Rockville, MD 20851 (You may mail the form to the box office, hand-carry it Tues-Sat 2-7 pm, or call the box office.)
For ticket information, call the box office at 240-314-8690. For other information, call us at 301-605-7249

We guarantee you can keep your same seats if your order is returned by April 15.



SELECT A SERIES →	1 ST FRIDAY 8pm	2 ND FRIDAY 8pm	1 ST SAT 8 pm	2 ND SAT 8 pn	n1st SUN 2 p	om 2 ND Sl	JN 2 pm	
RENT SHREK, THE MUSICAL	July 8 October 28	July 22 November 11	July 9 July 23 October 29 November 12		July 17 2 November (July 24 November 13	
JAKE'S WOMEN	September 23	September 30	September 24	•			October 2	
THE MIRACLE WORKER	February 3	February 10	February 4	February 11	February 5	Februa	•	
BOOK OF DAYS	May 5	May 12	May 6	May 13	May 7	May 1	4	
SELECT YOUR SEATS TELL US HOW MANY TICKETS YOU WOULD LIKE								
☐ I would like the same seats I had last year. (available only if you are subscribing to the same series, e.g. 1st Saturday)			BEST CATEGO	RY	NUMBER OF SUBSCRIPTIONS	PRICE PER SUBSCRIPTION *	SUBTOTAL	
☐ I would like different seats (or I have selected a different series).			A ALL 5 SHOV	VS: A	dult	x \$88 =	\$	
Indicate your seating preferences. Check all that apply: Front Middle Back			Senio	r (age 62+) or Stud	dent	x \$ 78 =	\$	
☐ Side ☐ Center ☐ Aisle ☐ Wheelchair Accessible			B 3 RLT PLAYS	S ONLY:	dult	x \$ 54 =	\$	
☐ I would like to sit with another season subscriber:			Senio	r (age 62+) or Stud	dent	x \$48 =	\$	
Name:			C 2 RMT MUS	SICALS ONLY:	dult	x \$36 =	\$	
			Senio	r (age 62+) or Stud	dent	x \$32 =	\$	
TELL US HOW YOU WOULD LIKE TO RECEIVE YOUR TICKETS			Please help with a donation of any amount! Thank you!			Donation	\$	
☐ Mail them to me (at the end of June)			Special: \$5 discount per subscription if you sign up now to renew for next season. Auto-renew discount \$					
☐ Pick them up at the box o		,		TOTAL	\$			
TELL US HOW YOU WOULD LI	TELL US HOW TO CONTACT YOU							
☐ Check (made payable to the City of Rockville)			If order is for more than one household, please send us multiple order forms or see the back of this form.					
☐ VISA	Name:							
☐ MasterCard			Address:					
Card Number:			City:		State:	Zip:		
Expiration Date: CVV:		Daytime Phone: Evening		Evening Phone:	ng Phone:			
Signature:	E-Mail:							
	For box office use only:	Acct:	Received:	Last Seaso	on (2015-16): Series: Seats:			
		Paid:	Processed:	This Seaso	on (2016-17): Series:	6-17): Series: Seats:		